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5

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6 IN THE UNITED STATES DISTRICT COURT  
7 FOR THE DISTRICT OF NEVADA  
8

9 PETITION FOR JUDICIAL REVIEW  
10

3:12-CV-00267

11 STEVEN HICKS,	)	
12 Plaintiff, PRO SE	)	
13 vs.	)	Claim No. 6068580
14 Sedgwick / Walmart	)	Appeal No. 34285-DSG, 34725-DSG
15 (Insurer / Employer)	)	34839-DSG, 36343-DSG
16	)	37656-DSG, 38175-DSG
17	)	

18  
19 **JURISDICTION AND INTRODUCTION**

20 Pursuant to NRS616C.370 a District Court appeal is available  
21 after the final determination of an Appeals Officer and pursuant  
22 to NRS 233B.130, the aggrieved may choose to file in the county  
23 of his or her residence.

24 The original Appeal was considered March 20, 2012 by Appeals  
25 Officer Deborah S. Gallagher. It was filed April 18, 2012 with  
26 the Department of Administration. It was received by mail on

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1 April 23, 2012. This is a matter of the contested industrial  
2 insurance claim of Steven Hicks who had formerly been represented  
3 by Lawrence Bernard, Esquire. Sedgwick / Wal-Mart (Insurer /  
4 Employer) has been represented by David H. Benavidez, Esquire.

5 The document I received on April 23, 2012 is a six page  
6 document entitled "BEFORE THE APPEALS OFFICER" and consists of  
7 Sections as follows: "Decision and Order", "Findings of Fact",  
8 "Conclusion of Law", "Order", and "Notice of Appeal Rights".

9 I have photocopied this document and marked it "Exhibit 1".

10 There are six issues that are discussed in "Decision and Order"

11 that are seriously distorted issues. The "Findings of Fact"

12 consists of ten numbered Subsections that are basically wrong.

13 There are deliberately wrongful omissions of facts, significant

14 errors, and profound lies. I have documents that counter and

15 contradict each of these ten Subsections and these documents I

16 supply are marked with heavy permanent marker: I have circled the

17 bold words "EVIDENCE SUBSECTION XX" to correspond to each of the

18 Subsections for organization.

#### 19 COMPLAINT

20 What occurred at this Appeal was that myself, Steven Hicks,  
21 was placed in a room of microphones and podiums. Mr. Benavidez,  
22 Appeals Officer Ms. Gallagher, and my attorney, Mr. Bernard, went  
23 to a distant room. I was told that there was first to be a  
24 decision on what evidence was valid, so I patiently waited a half  
25 hour. My attorney returned to me and told me that all issues had  
26 been lost. I expected an actual Appeal. Had I been permitted to

1 speak, or even be present, none of the lies or fictitious  
2 information would have been put in print. I hold Sedgwick /  
3 Wal-Mart / Mr. Benavidez in contempt for wasting months of time  
4 and money in a mockery of justice and a plethora of lies. I feel  
5 I have documents and evidence worthy of a true Judge.

6 In the "Findings of Fact" Subsection one, I will dismember  
7 one of the most fallacious portions of the Appeal. From my  
8 medical records, in May 2000, I had abdominal pain that cleared  
9 up with one prescription of antibiotic. There was a small  
10 varicocele, less than the size of a pea, and such a condition is  
11 an incidental medical finding. It is incidental just as a woman  
12 may have a calcification in a breast or a person's limb could  
13 have a mole. The profound lie in Subsection one, is "verified  
14 an atrophic left testis" because my body returned to normal at  
15 the completion of the antibiotic. Likely I had an epididymal  
16 infection and it resolved and in my medical records it was never  
17 mentioned again. Dr. Colleen Capurro, my primary care physician,  
18 both then and now, would not have done a secondary ultrasound  
19 upon a resolved and improved testis. Mr. Benavidez is guilty of  
20 much more misuse of information - he practically "chants" about  
21 it in Subsection four and Subsection nine (I will discuss his  
22 chanting behavior elsewhere). Mr. Benavidez has only one item  
23 from the year 2000 and has attempted to transform this into a  
24 fact; professionals in the medical field often do a second  
25 medical test and second opinions are common in the field of  
26 Medicine. Mr. Benavidez allowed Appeals Officer Ms. Gallagher to

1 believe I had an atrophic left testis and a varicocele so no  
2 claim could be made for my actual serious loss of left testis in  
3 2010. Mr. Benavidez deliberately lied, and in reducing the value  
4 of my claim, he also caused my own honorable attorney,  
5 Mr. Bernard, to confront me.

6 I have unquestionable and unrefutable evidence that I had  
7 two testes at the time of my injury in 2010. There is both paper  
8 evidence and medico-legal logic to support that I had two testes  
9 as I have repeatedly stated. The paper evidence is a document  
10 created 4 May 2010 and is simply titled "H & P" (Health and  
11 Physical), and its author is verified. This is boldly marked  
12 "Evidence Subsection one"; this is available at St. Mary's  
13 Hospital and is part of my surgical record. Mr. Benavidez has  
14 this record. Page two, lines thirteen and fourteen of my H & P  
15 read "GROINS: There is a non-reducible right groin mass  
16 consistent with incarcerated right inguinal hernia. Scrotum,  
17 testes, and phallus within normal limits." This is written  
18 proof that I had two normal testes after the 2010 industrial  
19 accident and hernia surgery. There is no note of atrophy and  
20 varicocele. Mr. Benavidez's wrong cite of atrophy of 2000 did  
21 not exist and the varicocele of 2000 was still smaller than a  
22 pea.

23 My incarcerated inguinal hernia was a medical emergency.  
24 No less than two doctors and three nurses prodded, probed, and  
25 extensively examined my scrotum. There was likely a sixth person  
26 to examine my scrotum extensively as anesthesia was begun and the

1 physiological reason behind this is that anesthesia would have  
2 relaxed my body and allowed even more extensive probing of my  
3 scrotum and genitalia. All of the medical staff of St. Mary's  
4 were seeking to discover the extent of my injury and detect  
5 whether bowel or intestine had ruptured into my scrotal sac.  
6 This is something called the Standard of Care. A half dozen  
7 medical professionals would have noticed and made note of any  
8 condition of my testes that was significant or relevant. There  
9 is no way any condition of my testes could have been concealed,  
10 and especially so, when I was unconscious and fully  
11 anesthetized. I do not understand the carelessness of Mr.  
12 Benavidez to make a profound lie, while it may reduce my claim's  
13 value, if someone with a legal background considers this lie,  
14 I think it could be damaging to himself and Sedgwick (and Wal-  
15 Mart), his own client. The lie of Mr. Benavidez about left  
16 testis atrophy of 2000 could easily be twisted around to imply  
17 that I did not receive the full and proper Standard of Care.  
18 I believe many people can see the lie of Mr. Benavidez for what  
19 it is.

20 To end discussion of the Benavidez lie, I can point out that  
21 Mr. Benavidez read my personal information, given in good faith  
22 to Dr. Sasse in 2010. I told Dr. Sasse I was a widower, and I  
23 think Mr. Benavidez used that information to realize he might  
24 actually perpetrate a lie like this against a widower whose wife  
25 could not offer testimony in his behalf. Because I have had so  
26 little time to prepare this District Court document, I want to

1 specifically reserve the right to add more Evidence at a later  
2 date. I know I had an employment physical that was done by a  
3 Physicians' Assistant in or around 2004 or 2005 but I do not know  
4 how long an employment record may have been kept by a previous  
5 employer.

6 Subsection two is one huge omission of a vital fact.  
7 The sentence "On May 4, 2010, Dr. Sasse repaired the hernia" is  
8 completely and seriously misleading. The true fact is that Dr.  
9 Sasse only partially repaired the hernia; I was left in terrible  
10 and unrelenting pain. I cannot begin to discuss how Dr. Sasse  
11 failed or what his learning curve is for a procedure new to  
12 himself, but I offer a document from one of the finest doctors  
13 in Nevada, Dr. Kevin C. Petersen. Dr. Petersen of Las Vegas, on  
14 23 November 2010, also done a right inguinal herniorrhaphy.  
15 Please see "Evidence Subsection two, page one, and circled under  
16 "OPERATIONS PERFORMED" is right herniorrhaphy.

17  
18 Subsection three, as a sentence in a legal document, is  
19 grammatically correct, but that is its fullest extent. This may  
20 be the hardest point for me to prove as what is wrong is where an  
21 organization such as Sedgwick, the insurer, says one thing but  
22 their actions are truly another. I have a page that says my  
23 Right Inguinal Hernia is "accepted", but I also have Urology  
24 bills from 2010, 2011, and 2012 that have been paid by myself.  
25 I had no urology issues in the decade prior to my injury.  
26 "Evidence Subsection three" is a page where my Sedgwick Nurse

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1 Case Manager chose my urologist for me. Dr. Sasse ordered a  
2 urological evaluation for me because my left testis had 96  
3 percent atrophied on 15 June 2010, and Dr. Sasse consulted this  
4 to Kathleen Hartmann, RN.

5 The problem is money. Sedgwick sets a payment scale so low  
6 that there is / was no Reno urologist who will accept Sedgwick  
7 patients. I was not told of this. Yet I clearly have the  
8 Sedgwick Nurse Case Manager that sent me to Dr. Freeman on 3  
9 August 2010. Dr. Sasse had stated to Nurse Case Manager Hartmann  
10 that my injury is industrially related and yet in 2011 the best  
11 offer that could be made to me for urological care was that I  
12 could have free urological care in Las Vegas if I pay my own gas,  
13 food, and lodging. There is supposed to be a form to allow for  
14 reimbursement for distant medical travel to approved Sedgwick  
15 doctors but I was told this option was not available to me.

16 Another way to look at the pathetic action of Sedgwick is to  
17 consider how I was injured in early May 2010 and did not get my  
18 claim accepted until latter June 2010. Ms. Shanna Garrett of  
19 Sedgwick told me that, only a week after losing a testis by 96  
20 percent, that I could return to work and she could have Dr.  
21 Sasse fax my release for work in the same day. She intended  
22 that I should be fired and extinguish my rights to reimbursement.

23 Evidence Subsection three, pages two and three are a  
24 prescription reimbursement from my surgery. My 2010 discharge  
25 pain RX cost me \$14.54, and if you look at the envelope from  
26 Sedgwick it is dated 05 / 06 / 2011 . My point is that Sedgwick

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1 took their time to even accept the claim of mine, and then it  
2 took something like eleven months for the prescription  
3 reimbursement to be mailed to me. This could be counted as  
4 twelve months and a few days from my own point of view of the  
5 date of my RIH surgery.

6  
7  
8  
9 Subsection four has some deliberate misrepresentations, and  
10 again I blame Mr. Benavidez for the misrepresentation delivered  
11 to Appeal Officer Ms. Gallagher. The correct date should be  
12 July 9, 2010 and signed by Dr. J.C. Taitano of Reno Open Air  
13 MRI (ROAM). When Mr. Benavidez was deceiving Appeals Officer Ms.  
14 Gallagher he chose not to mention hydrocele. Hydrocele is very  
15 important to properly discuss because a large hydrocele damages  
16 a male's testis because there is cutoff of proper blood flow  
17 and then testicular cellular death and atrophy occurs in a few  
18 weeks. Hydroceles occur in newborn infants, and men like myself  
19 who have had recent abdominal surgery. Dr. Taitano remarked in  
20 his text that my hydrocele is moderately large in degree, and  
21 this ultrasound was done over two months since my surgery. Dr.  
22 Sasse was aware of my hydrocele, and I personally blame Dr.  
23 Sasse's poor judgement for the loss of 96 percent of my left  
24 testis. This ROAM scrotal ultrasound contradicts Mr. Benavidez  
25 lie of May 2000 and the findings of a hydrocele are consistent  
26 with having had a surgery in May 2010. Mr. Benavidez certainly



1 certainly had access to Dr. Taitano's hydrocele findings, because  
2 Sedgwick paid for the ultrasound. This failure to mention  
3 hydrocele speaks literally volumes of the dishonesty of Mr.  
4 Benavidez. He knew to suppress an important fact that is a  
5 surgical complication that happens to also fit a specific time  
6 frame (see Evidence Subsection four, the whole page, please).  
7

8 Subsection five is a hybrid of omission of facts, followed  
9 by some profound lies. To start the discussion of Subsection  
10 five, I will first bring out the fact that since I was under the  
11 care of a Sedgwick pain management doctor, then I was not fully  
12 repaired as I have previously discussed in Subsection two. This  
13 is a statement that Subsection five just nullified Subsection  
14 two. Sedgwick is the payment source for Dr. Lasko, so any  
15 opinions of Dr. Lasko likely did not please Sedgwick but it does  
16 mean Sedgwick acknowledges the failure of Dr. Sasse.

17 Dr. Lasko tried multiple pain medications and huge trigger  
18 point injections, which unfortunately failed. I admire Dr.  
19 Lasko's tenacity to try to help me heal, and I recall the  
20 resistance and trouble he experienced getting approval of some  
21 drugs from Ms. Ribadeneira of Sedgwick (see Evidence Subsection  
22 five, page one). I have had to beg Dr. Lasko for Lyrica ( see  
23 Evidence Subsection five, page two, circled upper area). Also,  
24 Sedgwick tried to withhold Flexeril (see Evidence Subsection  
25 five, page three, circled). The most important physician note  
26 which Dr. Lasko wrote was about my need of re-surgery. Dr.

1 Lasko called it specifically "re-operation", in his notes of  
2 26 October 2010 (see Evidence Subsection five, page four,  
3 circled). Dr. Lasko's most important contribution to my  
4 medical care was his observation of my second surgical result  
5 from Dr. Petersen. Three times Dr. Lasko wrote favorably of my  
6 second surgery and these excerpts are within bracketed areas of  
7 my Evidence (see Evidence Subsection five, pages two, three, and  
8 five).

9 The second portion of Subsection five, about November 23,  
10 2010, is a profound lie because latter November 2010 is beyond  
11 the jurisdiction of Sedgwick / Wal-Mart. By the dishonest  
12 actions of Ms. Ribadeneira of Sedgwick, my last Temporary Total  
13 Disability (TTD) check was ended in October 2010 and my medical  
14 care was suspended (but suspended means terminated whenever  
15 people refuse to cooperate). If you recall that Dr. Lasko wrote  
16 re-surgery on October 26, 2010, Sedgwick never intended to keep  
17 my claim open for re-surgery. What Ms. Ribadeneira done was to  
18 create a rapid industrial claim closure for me by setting medical  
19 appointments for me without my knowledge. Then she could rapidly  
20 close the claim for non-compliance with medical treatment. It  
21 would not be logical for me to miss medical appointments when I  
22 was truly sick: I would, of course, miss medical appointments of  
23 which I had no knowledge. It's a great coincidence that I should  
24 be missing only the appointments she had set, and yet missed no  
25 other medical appointments. I tried to reconcile with her but  
26 she was irreconcilable and continued to talk of claim closure. I

1 retained Mr. Lawrence Bernard, Esquire, to represent me at the  
2 end of December when Ms. Ribadeneira begun to talk of additional  
3 medical appointments she was ready to accuse me of missing. I  
4 have a rather crazy letter from her about my missed medical  
5 appointments (Evidence Subsection five, page six). The letter  
6 talks of my need to set up follow up appointments but she would  
7 refuse to reveal to me where the original appointment(s) was  
8 made. Mr. Bernard demanded proof of medical appointments of  
9 Ms. Ribadeneira and it then took another month for Ms.  
10 Ribadeneira to admit she had no proof of mailing or notifying me  
11 of the alleged medical appointments she had set. Two months of  
12 TTD resulted in an award of \$1929.76 . So here the lies of Ms.  
13 Ribadeneira cost me the amount of Mr. Bernard's fees or \$643.25 .  
14 I do realize I got the benefit of keeping the industrial claim  
15 open, and that in turn got me some prescription benefits although  
16 I am rightfully entitled to that benefit. Evidence Subsection  
17 five, page 7, shows the award for wrongfully suspended TTD and  
18 its disbursement. The award of \$1929.76 represents the  
19 wrongful withholding of four bi-weekly checks of \$482.44 . But  
20 why is there no award for medical expenses I lost during this  
21 two months? Sedgwick paid the TTD they clearly owed, and only  
22 because the Ribadeneira lie was no fault of my own, but Mr.  
23 Bernard failed to get a written statement that medical treatment  
24 was to resume, so then as surgical infection destroyed my body  
25 in 2011, and continues into 2012, and even now, the medical  
26 paper result was a cluster of six Appeals. I should win all of

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1 these Appeals by the fact of the Ribadeneira lie.

2       Amazingly, there is even yet another wrinkle to Ms.  
3 Ribadeneira's setting of medical appointments. It does not  
4 change the clarity of her malicious intent to have set medical  
5 appointments without my knowledge, and it actually proves beyond  
6 a doubt her malicious intent. If you examine Evidence Subsection  
7 three, there's a small but important address error in my address.  
8 The proper street address of my residence is spelled "Hensley".  
9 The letter from Field Case Nurse Kathleen Hartmann is typed  
10 "Hinsley" for the street address. I did not receive Nurse  
11 Hartmann's letter at my mailbox. A family eight blocks away from  
12 my residence recognized my last name from the fact that they had  
13 adopted a kitten from my divorced sister, and they brought the  
14 Hartmann letter to my sister personally, because they are kind  
15 people they wanted to again thank my sister for the sweet cat,  
16 and talk cat stuff. I was not aware of an error in my address  
17 from Sedgwick, because TTD checks from Sedgwick were correctly  
18 addressed and they tended to arrive in about a week or slightly  
19 later. I was able to tell Field Case Nurse Hartmann my corrected  
20 address but apparently she did not convey that knowledge to  
21 Ms. Ribadeneira. Now the conclusion of whether I could have even  
22 have received notice of medical appointments is that if Ms.  
23 Ribadeneira had sent something to me by Fed-EX, then it might  
24 have arrived at my residence and she would have had proof.  
25 If Ms. Ribadeneira had sent USPS notice of medical appointments  
26 to me by letter with proof of mailing, then she would have had a

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1 small white stamped certificate that would show where something  
2 was mailed. If Ms. Ribadeneira had even placed a notice of  
3 medical appointments into the mail with a stamp, then the "cat  
4 friends" could have received the wrongly addressed letter as  
5 before and then brought it to me via my sister (The "cat  
6 friends" have actually become more like family friends and they  
7 can attest of no more Sedgwick letters to me at their home).

8 Sedgwick / Wal-Mart had no choice to resume TTD after the  
9 admitted lie of Ms. Ribadeneira. To say my surgery with Dr.  
10 Petersen was without authorization or written request is simply  
11 out of their jurisdiction because there is no Nevada  
12 Administrative Codes or Nevada Revised Statutes (that I know of)  
13 to reflect a situation like mine where a claims adjuster  
14 deliberately lied to intentionally harm an industrial claimant.  
15 There's no NRS for how to request authorization when you are  
16 already severed, because traditionally severed means severed.  
17 Sedgwick is certainly not going to provide guidelines to resume  
18 medical care, even though it was solely their fault. The fact  
19 that they resumed TTD is because they had no choice otherwise.  
20 Somehow people like Ms. Ribadeneira, working in these positions  
21 are free of liability for their mistakes / evil intentions. My  
22 position with the Ribadeneira lies of missed medical appointments  
23 is much like a person who has been wrongly incarcerated for a  
24 crime he or she did not commit, later duly exonerated of the  
25 original crime, but not released because of pending punishment  
26 for failing to make a bed daily, or for some other small

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1 contrived infraction.

2

3 Subsection six is only correct for date and Renown hospital.

4 In the course of my industrial injury, abdominal infection has

5 been a stubborn surgical complication. I had fever, vertigo, a

6 soaring white count, and a large right abdominal (inguinal) mass.

7 The ambulance was called because there was some respiratory

8 distress. An ambulance truly represents an emergency, not choice.

9 REMSA is emergency medical service and so no choice is given, and

10 no other options are available except to refuse medical care and

11 risk death. Evidence of this is the Prehospital Care Report

12 Summary of REMSA (see Evidence Subsection six). The words

13 non-emergent, unrequested, and unauthorized are totally improper

14 and misleading in relation to an emergency hospitalization.

15

16 Subsection seven almost has too many errors to begin to

17 attempt to correct. The phrase "verified a complex fluid

18 mass" is wrong because it would require a medical (needle) biopsy

19 to be truly "verified" and that procedure was not done. The

20 second major error of Subsection seven is the word "right

21 testicle" I admit to sometimes using the word testicle and

22 testis interchangeably, but specifically what is wrong here is

23 neither the testicle nor testis was the correct body part. I

24 will say that all of my medical treatment fits within the

25 parameters of abdominal or pelvic.

26

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1 Subsection eight is a mess, to sum it up briefly. The first  
2 problem with Subsection eight is Subsection seven wrote "complex  
3 fluid mass" and now Subsection eight writes "cystic mass" . The  
4 words "mass" are similar in both subsections but somehow I am  
5 quite dissatisfied with this error between these Subsections.  
6 Just using the word "mass" so loosely, for all I know as a common  
7 person being steamrolled in an unforgiving Sedgwick / Wal-Mart  
8 framework, this word "mass" could also mean Roman Catholic mass.  
9 I am not trying to be a smart-ass here about this "mass" word; I  
10 have been made a victim with a lost testis, victimized with  
11 dealing with a "Benavidez lie", victimized with dealing with a  
12 "Ribadeneira medical appointments lie", and further burdened with  
13 being left with more unpaid medical bills than I will be able to  
14 repay in the remainder of my natural life. Sedgwick / Wal-Mart /  
15 Mr. Benavidez would know which "mass" it was if they were to be  
16 held responsible for the medical complications arising from my  
17 industrial injury. Again, like in Subsection seven, an error in  
18 Subsection eight is that "right testicle" is the wrong body part.  
19 If Dr. Stumpf could speak of subsection eight, he would say he  
20 done no surgery on or at the right testicle.

21  
22 Subsection nine is by far the biggest disaster of all the  
23 subsections. The first three words "A testicular ultrasound",  
24 is wrong because medical professionals do not cut a testis out of  
25 a scrotum and then do an ultrasound. I think the correct term  
26 meant here is "Scrotal ultrasound" but I should not be having to

1 guess meanings of sentences. The "dated August 29, 2011" is  
2 quite suspicious. Would someone here want to plead that there is  
3 a typographical error of some sort? I do not readily recognize  
4 "August 29, 2011". I see the sickening chant of "verified an  
5 atrophic left testicle" ( the Benavidez lie) and I wonder if the  
6 repetition has some implied meaning that it is there to confuse  
7 my Appeals Officer Ms. Gallagher or to imply that it simply has  
8 not regenerated, when this tissue simply never regenerates.  
9 The words "right hydrocele" belong nowhere near this date: the  
10 hydrocele was a surgical complication of 2010 and that hydrocele  
11 has long since been absorbed into my body by mid 2011. Maybe  
12 this IS the actual intent of Mr. Benavidez to totally confuse  
13 another person and even embarass them into not asking questions.

14  
15 Subsection ten is going to be a big headache for someone  
16 other than myself. I am not at liberty to speak of it, pending  
17 some responses from both Federal and State officials. A fair  
18 and impartial person with a legally-skilled mindset might be able  
19 to read the page "Evidence Subsection three" and see the problem  
20 in relation to Dr. Freeman.

21  
22 To quickly conclude my "Findings of Fact" of my Exhibit ONE,  
23 "Before the Appeals Officer", there is not one Subsection that is  
24 correct or factual. The signature of Appeal Officer Ms. Gallagher  
25 should not be on this document because even if she were  
26 deliberately confused by lies of Mr. Benavidez, she has a duty to

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ask questions and discover actual real facts. If this had been even partially done I could have been satisfied to accept less than the full benefits I deserve. When I have discussed the Ribadeneira medical appointments lie, and the proof of Sedgwick's admission of it, of course Mr. Benavidez is going to omit and do anything and everything to conceal this from the Appeals Officer. Going into an industrial injury claim, on an emergency basis, I expected and needed experienced and quality medical care, prescriptions, and Temporary Total Disability (TTD) to allow me to get back into the work force. Instead, I got a doctor that failed the surgery, an insurance company that has prolonged or denied benefits and desired to sever all liability, and for myself a permanent partial disability. It is a fact that has been deliberately avoided in the "Findings of Fact" that a Functional Capacity Evaluation (FCE) was done on June 9, 2011, and I have serious physical limitations that are documented by a Nevada licensed Physical Therapist.

#### FACT OF MATH - LEFT TESTIS

I have a copy of my scrotal ultrasound done in July 9, 2010 at Reno Open Air MRI (ROAM). It is Evidence Subsection four. When the radiologic films are held up to a bright light, there is computer generated data at the margins of the views. In some of

1 my complaint prepared for District Court, I have mentioned that  
2 there is 96 percent damage to my left testis, damage done to me  
3 by Dr. Sasse neglecting to attend to my hydrocele in 2010 and  
4 occurring as a result of my industrial injury of 4 May 2010.  
5 Data in the margins of Left Teste views are  $W = 2.03$  cm,  
6  $L = 1.03$  cm, and  $H = 1.09$  cm . Data for the Right Teste is  
7  $W = 3.87$  cm,  $L = 5.14$  cm, and  $H = 2.96$  cm. Cubic centimeters is  
8 determined by multiplying Length times Width times Height. In  
9 that manner, the cubic centimeters are calculated. Left cubic  
10 centimeters are 2.279081 and Right cubic centimeters are  
11 58.879728. The percent decrease can be calculated by deducting  
12 a difference of cubic centimeter values and then dividing.  
13 2.279081 is to be subtracted from 58.879728 to result in  
14 56.6518199. When 56.6518199 is divided by 58.879728, the result  
15 is 0.9621617120921483 . Percent decrease means that two decimal  
16 places are moved to the right. My Left Testis had a 96.2 percent  
17 decrease by volume. I guess Mr. Benavidez would be anxious to  
18 point out that there is a remaining 3.8 percent, or perhaps my  
19 loss was not a complete loss. To me, and to most reasonable  
20 people, loss of 96.2 percent of something is what is called a  
21 virtual loss.

22  
23 **DEMAND**

24 Demand 1: Mr. Benavidez should provide a written apology for what  
25 I have called the "Benavidez lie". This was the lie about prior  
26 atrophy of the left testicle in the year 2000. The apology is to

1  
2 be delivered to all parties to this claim, with two extra copies,  
3 each, to be delivered to both the State of Nevada, Department of  
4 Administration, both to the Hearings Office and also to the  
5 Appeals Office (this is a total of four copies to the State of  
6 Nevada). Should Mr. Benavidez choose not to comply with apology,  
7 and then certainly my proper Standard of Care was violated, then  
8 I ask for triple consideration of equal value to the lost left  
9 testicle. The triple value is to be monetary, but should properly  
10 accompany a statement that it is done in the contradiction  
11 of licensed professional doctors and nurses. This apology  
12 must be done no later than forty-five days of the filing of this  
13 document because I have currently scheduled surgery to my abdomen  
14 and/or pelvis region. If Mr. Benavidez selects to write of my  
15 violation of Standard of Care, that choice should be made within  
16 thirty (30) days to enable me a narrow 15 days to prepare a  
17 counter statement.

18  
19 Demand 2: Mr. Benavidez will issue a statement about his  
20 error to allege right testicle masses, right testicle surgery,  
21 and whatever right complex fluid mass and whatever cystic mass  
22 as he has done in "Before the Appeals Officer", in the portion  
23 "Findings of Fact" and specifically in Subsections seven and  
24 eight. I am adamant about the full and complete fulfillment of  
25 demand 2 in its entirety and exactly as I have specified  
26 otherwise another ~~deceiver~~ could access this wrong document and

1 misuse it to imply I was also having right testicle problems.  
2 As I have stated, no surgery was done to the right  
3 testicle: I am adamant to protect myself against further lies  
4 like the left testicle Benavidez lie. This statement of error  
5 will be provided to all parties to this claim, and with two extra  
6 copies, each, to be delivered to both The State of Nevada,  
7 Department of Administration, both to the Hearings Office and  
8 also to the Appeals Office (this is a total of four copies to the  
9 State of Nevada). Additionally, Mr. Benavidez is to pay for a  
10 Medical Doctors' statement that my right testicle is healthy and  
11 there is no evidence of surgery to my scrotum. This examination  
12 is to be done within thirty (30) days of the filing of this  
13 document with Mr. Benavidez's payment to that doctor within  
14 forty-five (45) days of this filing.

15  
16 Demand 3: Mr. Benavidez will produce whatever document he is  
17 referencing in Subsection nine, (which reads) "A testicular  
18 ultrasound dated August 29, 2011 verified an atrophic left  
19 testicle, a left varicocele, and right hydrocele." Because there  
20 is something erroneous with this statement, I reserve the right  
21 to later demand its correction, and have up to thirty days to  
22 correct it to my satisfaction. Mr. Benavidez will provide this  
23 document to my mailing address within fifteen (15) days of  
24 this filing and also provide it for the scrutiny of the Court of  
25 filing.

26

STEVEN HICKS PRO SE 3475 HENSLEY RENO NV 89503 (775) 747-4473

1 Demand 4: Appeals Officer Ms. Gallagher will acknowledge at least  
2 one of the many profound lies referenced in this document, and  
3 she may graciously choose to comment as she sees fit, as she may  
4 no longer have jurisdiction, she should not be placed in  
5 embarrassment or any sort of punishment because I believe she had  
6 good intentions. I know she received a plethora of lies and  
7 bountiful significant omissions, and this was more than anyone  
8 could be expected to sort in a limited time.

9  
10 Demand 5: Monetary Damages. I acknowledge my claim of a lost  
11 testicle is a claim where no businessman in Nevada can spend  
12 \$85,000. to defend a case that is possibly worth maybe \$97,000.,  
13 and so I am beginning a pro se District Court Petition for  
14 Judicial Review informa pauperis (IFP). I feel that Medical  
15 Bankruptcy is simply not appropriate for me as I was injured  
16 doing as I was directed to do, by a supervisor, and, to my  
17 knowledge, Wal-Mart has paid their SIIS premiums. I do not know  
18 the medical value of a lost testicle, but it should be at least  
19 equal to the cost of a prosthetic testicle. A Sacramento  
20 Urologist who knows my case has suggested to me that, pending  
21 choice of prosthetis, a good ballpark estimate of the value of  
22 this surgery is \$13,800. Ninety-six percent of \$13,800. is  
23 \$13,248. This option is available to me only when I have had  
24 three months of White Blood Count and Neutrophils (blood work)  
25 that do not indicate infection. My Blue Cross Blue Shield  
26 personal insurance or my own personal cash has paid for all

1 surgeries except the initial surgery done by Dr. Sasse. This  
 2 means that I have paid the full out-of-pocket BCBS \$5,000. per  
 3 year for the years 2010, 2011, and 2012 (I have paid Leave Of  
 4 Absence premiums of over \$100. a month to Wal-Mart to continue  
 5 my private health care, but I am not asking reimbursement of  
 6 this).

7 OOP BCBS 2010, 2011, and 2012 . . . . . \$ 15,000.

8 Las Vegas explant of surgical mesh, 2010 . . . . . \$ 6,987.

9 Las Vegas rental car/wheel chair, food, hotel . . . . . \$ 775.

10 Return of TTD related to Ribadeneira lie . . . . . \$ 643.25

11 2012 offer of nuisance settlement for full body

12 damage to Right Inguinal Hernia - this includes

13 a vocational rehabilitational buyout . . . . . \$ 30,000.

14 Estimate of cash cost of next Las Vegas surgery . . . . . \$ 7,000.

15 Estimate of Las Vegas expenses . . . . . \$ 775.

16 Value of left testicle prosthesis, reduced to 96% . . . . . \$ 13,248.00

17 Abdominal bandages and antiseptic not

18 paid by BCBS (home care expenses) . . . . . \$ 318.12

19 subtotal . . . . . =====

20 . . . . . \$ 74,733.37

21 I have had to pay Mr. Bernard fees of

22 forty percent to keep the claim open . . . . . \$ 29,893.34

23 FINAL TOTAL . . . . . =====

24 . . . . . \$104,626.71

25

26

1 Demand 6: Dr. Sasse done my initial inguinal hernia surgery.  
2 Dr. Lasko, my initial pain management doctor, writes of my  
3 diagnosis of ilioinguinal neuralgia in Evidence Subsections  
4 one, three, four, and five. Evidence Subsection four is  
5 dated October 26, 2010. I have found physician notes of my  
6 initial visit to Dr. Lasko, which occurred on August 31, 2010.  
7 This note is the earliest note of ilioinguinal neuralgia, and  
8 I emphasize it because it precedes any other surgery that I have  
9 had. Mr. Benavidez had tried to make a bad point to my attorney  
10 that with nerve damage and infection, and that with multiple  
11 surgeries, that other surgeons should bear blame for my  
12 condition. This was a futile attempt to sever all liability  
13 by Sedgwick. The initial visit to Dr. Lasko is designated  
14 "Evidence Demand Six" and it specifically diagnoses ilioinguinal  
15 neuralgia (third line of "History of the Present Complaint").  
16 The truth of ilioinguinal neuralgia is that once it is created by  
17 an infected Bard PerFix Plug and Mesh Overlay, no surgeon can do  
18 anything to change its course, short of amputation, which is not  
19 compatible with life. I will need continual and uninterrupted  
20 medical care of this nerve damage for the rest of my natural  
21 life. This current incident of loss of medical care has begun in  
22 November 2011 and it continues into May 2012 with no resolution  
23 in sight if Mr. Benavidez should choose to prolong avoidance of  
24 Sedgwick responsibility. I see no decent solution but the  
25 establishment of a medical care payment trust, in favor of  
26 myself, in order to pay doctor visits and costly prescriptions.

1 Sedgwick CMS

2 PO Box 34660

LIST OF PARTIES

3 Las Vegas, NV 89133

OTHER THAN MYSELF

4

5 David Benavidez, ESQ

6 850 S. Boulder HWY 375

7 Henderson, NV 89015

8

9 Wal-Mart

10 PO Box 1288

11 Bentonville, AR 72712

12

13 Lawrence Bernard, ESQ

14 3690 Grant Dr. STE LBB

15 Reno NV 89509

16

17 State of Nevada

18 Department of Administration

19 1050 E. Williams Street STE 450

20 Carson City, NV 89701

21

22 Dated this 21<sup>st</sup> day of May, 2012.

23

24

25

26

JURY SHALL  
BE DEMANDED.

Steven Hicks

STEVEN HICKS *litigant pro se*  
Claimant / Plaintiff



## BEFORE THE APPEALS OFFICER

In the Matter of the Contested )

Industrial Insurance Claim )

of )

STEVEN HICKS, )

Claimant. )

Claim No: 6068580

Appeal No: 34285-DSG

34725-DSG

34839-DSG

36343-DSG

37656-DSG

38175-DSG

**FILED**

APR 18 2012

DEPT. OF ADMINISTRATION  
APPEALS OFFICER

## DECISION AND ORDER

On March 20, 2012, the appeals were considered by Appeals Officer Deborah S. Gallagher. Sedgwick/Wal-Mart (Insurer/Employer) was present by and through David H. Benavidez, Esquire. Steven Hicks (claimant) was present and was represented by Lawrence Bernard, Esquire.

The first issue on appeal relates Hearing Officer decision dated March 4, 2011, which affirmed Sedgwick's defacto denial to reimburse the claimant for a November 23, 2010 right hernia surgery, denial of medical bills and denial of temporary total disability (TTD). The Hearing Officer noted the claimant would re-submit the bill for the May 10, 2010 \$14.54 prescription. Claimant's counsel clarified the TTD issue and reimbursement of the \$73.99 prescription was resolved and could be dismissed. (34285-DSG).

The second issue on appeal relates to the Hearing Officer

**EXHIBIT ONE**

THE LAW OFFICE OF DAVID H. BENAVIDEZ  
850 S. BOULDER HIGHWAY, #375  
HENDERSON, NEVADA 89015  
(702) 565-9730  
FAX (702) 568-1301

1 decision dated April 5, 2011, which dismissed the claimant's  
2 January 12, 2011 request to reimburse for the November 23, 2010  
3 surgery as the issue was res judicata. (34725-DSG)

4 The third issue on appeal relates to the Hearing Officer  
5 decision dated April 5, 2011, which dismissed the claimant's  
6 February 3, 2011 request to approve a prescription, as the insurer  
7 authorized it. (34839-DSG).  
8

9 The fourth issue on appeal relates to the Hearing Officer  
10 decision dated August 4, 2011, which affirmed Sedgwick's June 28,  
11 2011 and July 8, 2011 denial of payment for medical care at Renown  
12 Regional on June 10, 2011 for \$3876, June 10-15, 2011 for \$47,537,  
13 Reno Radiological on June 10, 2011 for \$227, 369.45, \$68, June 11,  
14 2011 for \$601.98 and June 12, 2011 for \$692. (36343-DSG).  
15

16 The fifth issue on appeal relates to Hearing Officer decision  
17 dated November 16, 2011, which affirmed Sedgwick's September 13,  
18 2011 denial to reimburse the claimant for the July 21, 2011  
19 surgery to remove a necrotic hematoma from the right groin.  
20 (37656-DSG).  
21

22 The sixth issue on appeal relates to the Hearing Officer  
23 decision dated December 28, 2011, which reversed Sedgwick's  
24 November 21, 2011 determination severing liability for the claim  
25 due to non-industrial treatment and denial of future vocational  
26  
27  
28

THE LAW OFFICE OF DAVID H. BENAVIDEZ  
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**EXHIBIT ONE**

1 rehabilitation services (38175-DSG).

2 Having considered the arguments of counsel, the testimony of  
3 the claimant, and having reviewed the evidence on file, the  
4 Appeals Officer hereby finds and concludes as follows:  
5

6 **FINDINGS OF FACT**

7 1. On May 2, 2000, the claimant was examined by his private  
8 physician Capurro relating to right lower abdominal pain of  
9 unknown etiology. Dr. Capurro noted a prior varicocele. Dr.  
10 Capurro ordered a scrotal ultrasound which verified an atrophic  
11 left testis with a small varicocele.  
12

13 2. On May 3, 2010, the claimant sustained a right inguinal  
14 hernia while employed by Wal-Mart. On May 4, 2010, Dr. Sasse  
15 repaired the hernia.  
16

17 3. By determination dated June 22, 2010, Sedgwick accepted  
18 the right inguinal hernia.  
19

20 4. A testicular ultrasound dated July 1, 2010 verified an  
21 atrophic left testicle and a left varicocele.  
22

23 5. The claimant was under the care of pain specialist Lasko  
24 in Reno, Nevada. On November 23, 2010, without prior  
25 authorization or any written or verbal request, and on a non  
26 emergent basis, the claimant reported to Dr. Peterson in Las  
27 Vegas, Nevada and had right inguinal surgery on a cash basis.  
28

**EXHIBIT ONE**

1           6. On June 10, 2011, under the private insurance, the  
2 claimant reported for non-emergent, unrequested and unauthorized  
3 medical care with Renown Regional.  
4

5           7. On June 21, 2011, Dr. Capurro recommended an ultrasound  
6 which verified a complex fluid mass in the right testicle. On  
7 July 11, 2011, the doctor referred the claimant for a surgical  
8 evaluation.  
9

10           8. On July 21, 2011, without prior authorization or any  
11 written or verbal request, and on a non emergent basis, Dr. Stumpf  
12 surgically removed the cystic mass in the right testicle.  
13

14           9. A testicular ultrasound dated August 29, 2011 verified  
15 an atrophic left testicle, a left varicocele and right hydrocele.  
16

17           10. On November 17, 2011, under the private insurance, Dr.  
18 Freeman surgically repaired the left varicocele.  
19

#### 20                           CONCLUSION OF LAW

21           Based on the totality of evidence, the Appeals Officer  
22 concludes that Sedgwick has no liability for the medical treatment  
23 and resulting medical bills noted above. The treatment noted  
24 above was not authorized by Sedgwick. Neither the claimant or any  
25 of the above providers requested authorization from Sedgwick. The  
26 medical care, resulting conditions and medical billing are  
27 therefore not the responsibility of Sedgwick. Liability on the  
28

THE LAW OFFICE OF DAVID H. BENAVIDEZ  
850 S. BOULDER HIGHWAY, # 375  
HENDERSON, NEVADA 89015  
(702) 565-9730  
FAX (702) 568-1301

- 4 -  
**EXHIBIT ONE**

1 claim was not severed because of the above-mentioned medical  
2 treatment.

3  
4 **ORDER**

5 The Hearing Officer decisions dated March 4, 2011, April 5,  
6 2011, August 4, 2011, November 16, 2011 and December 28, 2011 are  
7 affirmed.

8 Dated this 10<sup>th</sup> day of April, 2012.

9  
10  
11 Deborah S. Gallagher  
12 DEBORAH S. GALLAGHER, ESQUIRE  
13 APPEALS OFFICER

14 **NOTICE OF APPEAL RIGHTS**

15 Pursuant to NRS 616C.370 and NRS 233B.130, should any party  
16 desire to appeal this final determination of the Appeals Officer,  
17 a Petition for Judicial Review must be filed with the District  
18 Court within thirty (30) days after service by mail of this  
19 decision.

20 Respectfully submitted,

21 David H. Benavidez  
22 DAVID H. BENAVIDEZ, ESQUIRE

23 **EXHIBIT ONE**  
24  
25  
26  
27  
28

THE LAW OFFICE OF DAVID H. BENAVIDEZ  
850 S. BOULDER HIGHWAY, #375  
HENDERSON, NEVADA 89015  
(702) 565-9730  
FAX (702) 568-1301

**CERTIFICATE OF MAILING**

The undersigned, an employee of the State of Nevada, Department of Administration, Hearings Division, does hereby certify that on the date shown below, a true and correct copy of the foregoing **Decision and Order** was deposited into the State of Nevada Interdepartmental mail system, **OR** with the State of Nevada mail system for mailing via United States Postal Service, **OR** placed in the appropriate addressee runner file at the Department of Administration, Hearings Division, 1050 E. Williams Street, Suite 450, Carson City, Nevada, 89701 to the following:

STEVEN HICKS  
3475 HENSLEY ST  
RENO, NV 89503

LAWRENCE BERNARD, ESQ  
3690 GRANT DR STE LBB  
RENO NV 89509

WAL-MART  
PO BOX 1288  
BENTONVILLE, AR 72712

DAVID BENAVIDEZ, ESQ  
850 S BOULDER HWY 375  
HENDERSON NV 89015

SEDGWICK CMS  
PO BOX 34660  
LAS VEGAS, NV 89133

Dated this 18 day of April, 2012.

Tasha Eaton  
Tasha Eaton, Supervising Legal Secretary  
Employee of the State of Nevada

**EXHIBIT ONE**

This report was printed from PowerChart at Saint Mary's Health Network

H & P

HICKS, STEVEN P - 043-93-49

Result type: H & P  
Result date: May 04, 2010 8:23 AM  
Result status: Auth (Verified)  
Result title: hp  
Encounter info: 6350679, Saint Mary's, Ambulatory Surgery Center, 5/4/2010 - 5/4/2010

hp  
NAME: Hicks, Steven P  
MR #: 00-043-93-49  
ADMISSION DATE: 05/04/201

**EVIDENCE** *Page one*  
**SUBSECTION ONE**

CHIEF COMPLAINT  
Right groin mass.

HISTORY OF PRESENT ILLNESS

Mr. Hicks is a 52 - year-old male who describes that he was pushing a shopping cart at work today when he felt a pop and a bulge in his right groin and this has been painful and non-reducible. He has had no vomiting, but has had a persistent bulge and presented to the Emergency Room where the bulge was non-reducible. He has had no fevers or chills, no previous known hernia in the groins. He has had a remote umbilical or ventral type hernia that was repaired with mesh in what he believes was 1991. The pain is in the right groin. There is no abdominal pain or nausea.

PAST MEDICAL HISTORY

1. Obesity with significant intentional weight loss, improved.
2. Hypertension, improved with weight loss.
3. Umbilical hernia repair with mesh in 1991.
4. Gout.

MEDICATIONS

Aspirin.

ALLERGIES

SOCIAL HISTORY

He works as a cashier at Wal-mart. He did not use tobacco or alcohol. He is unmarried.

FAMILY HISTORY

He has no children or siblings, describes that his parents are alive. There is hypertension in the family. No known family history of inflammatory bowel disease or colorectal cancer.

REVIEW OF SYSTEMS

NEUROLOGIC: Denies strokes or seizures.

CARDIAC: No chest pain or palpitations. Did have hypertension in the past but this is improved with weight loss.

LUNGS: Denies coughing, wheezing or hemoptysis. No tobacco.

GASTROINTESTINAL: Denies chronic gastrointestinal illnesses, hematemesis or rectal bleeding.

GENITOURINARY: Denies dysuria, hematuria, and nephrolithiasis.

MUSCULOSKELETAL: Denies fractures of arthritides.

PSYCHIATRIC: Denies anxiety, depression or phobias.

EYES: No recent visual changes.

Printed by: Junas, Joy L  
Printed on: 9/22/2010 1:13 PM

Page 1 of 3  
(Continued)

This report was printed from PowerChart at Saint Mary's Health Network

H & P

HICKS, STEVEN P - 043-93-49

ENDOCRINE: Denies diabetes or thyroid disorder.

PHYSICAL EXAMINATION

IN GENERAL: He is comfortable, nontoxic, in no acute distress.

VITAL SIGNS: Height is 70 inches, weight 100 kg. Body Mass Index 31.6.

Afebrile. Temperature 98.3, pulse 82, blood pressure 162/90. Room air saturation 99%.

HEENT: Eyes are anicteric. Extraocular movements are intact. Wearing glasses. Oropharynx is clear.

NECK: Supple. Good range of motion.

CHEST: Clear to auscultation.

CARDIOVASCULAR: Regular rate and rhythm.

ABDOMEN: Obese, soft, nontender. Healed umbilical scar.

GROINS: There is a non-reducible right groin mass consistent with incarcerated right inguinal hernia. Scrotum, testes and phallus within normal limits.

EXTREMITIES: Warm and acyanotic. No edema.

NEUROLOGIC: Nonfocal. Normal power and strength throughout. Mood, affect and judgment appear within normal limits.

LABORATORY STUDIES

Notable for potassium of 3.3, white blood cell count 10.

IMPRESSION

1. Right groin pain and bulge.
2. Incarcerated right inguinal hernia.
3. Obesity.
4. Hypokalemia.
5. History of hypertension and gout.

PLAN

I talked at length with Mr. Hicks about the nature of his symptoms and the nature of the findings. We discussed the rationale, pros, cons, risks and alternatives of an urgent right groin exploration with repair of incarcerated right inguinal hernia. We discussed the risks including bowel surgery, abdominal surgery, hernia recurrence, infection, bleeding, groin pain, neuropathy, numbness, pain syndrome, testicular or scrotal complications, orchiectomy, scrotal pain syndromes, wound problems, hernias, dehiscences, heart, lung, liver, kidney or other organ dysfunction, disability, bowel, bladder, ureteral, spermatic cord or other injuries, fistula, abscess, re-operation, disabilities and death.

His questions were answered in full. He understands and wishes to proceed ahead. We will plan to perform repair with placement of mesh with an open technique.

**EVIDENCE** Page 2  
**SUBSECTION ONE**

Kent C. Sasse, M.D.

KCS/mb Job #:000017612

D: 05/04/2010 4:45 A

T: 05/04/2010 8:09 A

cc: Colleen O'Gara-Capurro, M.D.

Kent C. Sasse, M.D.

Printed by: Junas, Joy L  
Printed on: 9/22/2010 1:13 PM

Page 2 of 3  
(Continued)



MEDICAL DISTRICT SURGERY CENTER  
2020 GOLDRING AVE., SUITE #300  
LAS VEGAS, NEVADA 89106

OPERATIVE REPORT

DATE OF OPERATION: 11/23/10

PREOPERATIVE DIAGNOSIS:

1. Intractable and incapacitating right groin pain secondary to hernia mesh.

POSTOPERATIVE DIAGNOSIS:

1. Intractable and incapacitating right groin pain secondary to hernia mesh.

OPERATIONS PERFORMED:

1. Exploration and removal of right groin mesh.
2. Right inguinal herniorrhaphy.

ANESTHESIA: General.

DESCRIPTION OF PROCEDURE:

The patient was taken to the operating room and placed in the supine position. After induction of general anesthesia, the right groin was shaved, prepped, and draped in the usual sterile fashion. Then, 0.25% Marcaine with epinephrine was used to infiltrate the skin incision site as well as create a field block by injecting lateral to the intended incision. An oblique skin incision was made in the inferior fold of the panniculus directly over the inguinal region. The subcutaneous tissue was divided with electrocautery down to the external oblique fascia. Before reaching the external oblique fascia, there was noted to be dense reactive scar tissue which was tethering the patient's spermatic cord and the abdominal fascia to the symphysis pubis. These adhesions were taken down which facilitated exposure of the spermatic cord and reduced tension on the cord. Examination of the layers of fascia identified the patient's mesh plug and the onlay patch which again was noted to have an intense inflammatory reaction around the foreign material. This was consistent with the patient's complaints of severe chronic pain since the mesh was originally placed. The external oblique fascia was divided along its fiber course exposing the onlay patch. The onlay patch was then dissected from lateral to medial coming upon the mesh plug. The mesh plug was noted to be just superior to the spermatic cord and the spermatic cord structures were easily kept out of the field of dissection. With exposure of the mesh plug, there was identified some purulent fluid which appeared to be a sterile abscess most likely again consistent with the inflammatory process directed at the foreign material. The plug and the onlay mesh were successfully freed from the surrounding fascia and muscle. There was noted to be no evidence of a direct hernia. However, it was felt that there was likely an indirect hernia due to the dilated nature of the internal ring. The floor of the inguinal canal was then repaired in the manner of McVay suturing Cooper's ligament to the transversalis fascia. Transition stitch was placed at the level of the femoral vessels going from the shelving edge of the inguinal ligament

PATIENT NAME: HICKS, STEVEN  
ACCOUNT NUMBER: 120671  
SURGEON: Kevin C. Petersen, M.D.  
PAGE 1 OF 2

EVIDENCE  
SUBSECTION  
TWO PAGE ONE

## OPERATIVE REPORT

to the transversalis fascia. The internal ring was closed tight enough to admit the tip of an instrument alongside the spermatic cord with the final three stitches being lateral to the spermatic cord. The external oblique fascia was closed with a running 3-0 Vicryl suture. The anterior fascia over the rectus abdominis muscle medially was identified as being opened and this was closed with a running 2-0 PDS suture. The subcutaneous tissue was closed with interrupted 3-0 Vicryl. The skin was closed with a running subcuticular using 4-0 Monocryl suture. Dry sterile dressings were placed. General anesthesia was reversed. The patient was returned to the recovery room in satisfactory condition.

Kevin C. Petersen, M.D.  
KCP/SN/snksmt19/10298148  
D: 11/23/2010 07:43 p  
T: 11/24/10 07:00 A

EVIDENCE  
SUBSECTION  
TWO *page Two*

PATIENT NAME: HICKS, STEVEN  
ACCOUNT NUMBER: 120671  
SURGEON: Kevin C. Petersen, M.D.  
PAGE 2 OF 2

**HSI** Health  
Systems  
International  
Formerly Bass & Babb Companies

133 West Washington  
Osceola, IA 50213  
1.800.342.7205  
www.us-hsi.com

Kathleen Hartmann, RN, BSN, CCM, CLCP  
P.O. Box 10766  
Reno, NV. 89510  
(775) 225-7436 phone  
(530) 582-9963 fax

July 28, 2010

Steven Hicks  
3475 Hinsley Street  
Reno, NV. 89503

**EVIDENCE  
SUBSECTION  
THREE** *Page one*

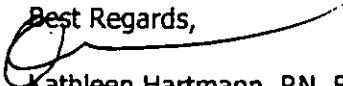
Dear Mr. Hicks:

As an introduction, I am a nurse case manager whom will be assisting you with your transfer of care to an urologist to evaluate your current difficulties following hernia surgery. The appointment is scheduled as follows:

Date : August 3, 2010  
Time : Check in at 10:30 appointment at 11:00 a.m.  
Location: Dr. John Freeman, MD  
Urologist  
10745 Double R Blvd  
Reno, NV. 89521  
(775) 850-6500

Please call and confirm your appointment with Dr. Freeman. If you have any questions, please do not hesitate to call me.

Best Regards,

  
Kathleen Hartmann, RN, BSN, CCM, CLCP  
Field Case Manager

**EVIDENCE**  
**SUBSECTION**  
**THREE** *Page 2*

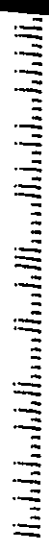
U.S. POSTAGE  
\$00.44  
95/06/2011

Postnet  
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877276

FIRST CLASS  
PERMIT NO. 100  
NEW YORK, NY

**ADDRESS  
SERVICE  
REQUESTED**

*5/10/2011*



69500002008 0063

# EVIDENCE SUBSECTION THREE

page 3

Sedgwick CMS - Wal-Mart WC  
P.O. Box 1288  
Bentonville, AR 72712-1288

Steven Hicks  
3475 Hensley St  
Reno, NV 89503

Claim Number:	6068580	Check Amount:	\$ 14.54	Check No.:	10342451
Claimant Name:	Steven Hicks	Coverage:		Invoice No.:	
Service/Indemnity From:	05/10/2010 Thru: 05/10/2010			Vendor Tax ID No.:	
Insurance Company:	American Home Assurance			Invoice Comments:	Rx
Comments:	Rx				

↓ DETACH AT PERFORATION ↓

**EVIDENCE  
SUBSECTION FOUR**



500 Damonte Ranch Parkway, Suite 765, Reno, NV 89521  
(775) 851-7626 fax: (775) 851-7635

**NAME:** HICKS, STEVEN **DOB:** 11/13/57 **DATE:** 07/09/10

**DR:** KEN SASSE, M.D. **RECORD:** 10314 **SS#:**

## **SCROTAL ULTRASOUND**

### **HISTORY:**

Atrophy of the left testis, pain on the right.

### **FINDINGS:**

Consistent with patient's given history there is decrease in size of the left testis, which measures, at most up to 2.3 cm. Intratesticular blood flow is documented. There is suspected varicocele.

The right testis measures up to 5.0 cm maximally. Intratesticular blood flow is documented.

There is suspected hydrocele and suspected cyst in the inferior epididymis, which measures up to 4 mm. Hydrocele is moderately large in degree.

Calcification is seen in the inferior portion of the right testis. If symptoms persist, short interval follow-up may be considered to assess for stability.

### **IMPRESSION:**

1. Atrophic left testis.
2. Right sided hydrocele, calcification and epididymal cyst.

\_\_\_\_\_  
J.C. Taitano, M.D.  
Radiologist

JCT/hmb  
T:07/12/2010

**THANK YOU FOR THE REFERRAL OF YOUR PATIENT.**

A S S O C I A T E D  
**Anesthesiologists**  
O F R E N O

PAIN MANAGEMENT FOLLOW-UP NOTE:

PATIENT: HICKS, STEVEN

DATE: June 7, 2011

HISTORY: Steven returns in followup for a refill of Lyrica. He suffers from ilioinguinal neuralgia following a hernia repair. Steven was hospitalized a few weeks ago in Northern Nevada Medical Center for right lower quadrant pain. He stated he was given Toradol during his hospitalization. He is also complaining of testicular pain which he believes is due to testicular atrophy. Lyrica has proven very helpful in controlling this pain, however he has had difficulty obtaining this medication. His Workers' Comp company does not want to pay for the prescription.

In general Steven appears to be quite anxious today. I noted his gait on the way into the office. He appeared to be walking normally, however while in the office he appeared to have more signs of pain with movement, for example from sitting to standing. He could not sit through our interview. His speech was somewhat pressured. He was unable to relax during our conversation.

I am renewing his Lyrica and increasing his dose to 150 mg t.i.d. I have given him a three-month supply. He has also been given cyclobenzaprine 5 mg up to three times a day. He was also given a three-month supply of that. Hopefully his anxiety was pain-related today. I will see Steven in follow up p r n.

*Kevin F. Lasko, M.D.*  
KEVIN F. LASKO, M.D.

KFL/vs

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SCANNED

JUN 15 2011

A S S O C I A T E D  
**AnesthesiologistS**  
O F R E N O

PAIN MANAGEMENT FOLLOW-UP NOTE:

PATIENT: HICKS, STEVEN

DATE: March 08, 2011

HISTORY: Steven was seen last week. He returns today, one week later, to discuss Lyrica therapy. I gave him samples of Lyrica. He has done quite well with reduced neuropathic pain. He was started at 50 mg. Presently, he is taking 150 mg per day. He is experiencing no adverse side effects. On one day, he experienced more acute neuropathic pain, and he took 100 mg at a time, which was very beneficial in resolving his symptoms without sedative side effects. I am going to increase his dose to 75 mg three times per day. His usage will be reevaluated in one month. In general, Steven continues to be much improved from my initial evaluation back in August of 2010. Once again I believe that the second surgery that he had was clearly helpful. He outwardly does not appear to be so miserable. He no longer has an ice pack in his groin.

We discussed some difficulty that he has been having with the workmen's comp company regarding appointments that were missed. I reviewed his appointment schedule with our scheduler. There have been no appointments that he has missed in my office. There have been times when he was rescheduled, and I believe that that was due to a change in my schedule. We believe the appointments that are being referred to by the workmen's comp company that Steven did not keep were appointments for functional capacity testing. These tests were not arranged through our office. Steven states that he was unaware of any appointments for functional capacity testing. My scheduler suggested that Steven address this with his attorney because we have no information regarding appointments that were made for functional capacity testing.

*Kevin F. Lasko, M.D.*  
KEVIN F. LASKO, M.D.

KFL/cv

**EVIDENCE  
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FIVE**

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SCANNED

JUN 15 2011



A S S O C I A T E D  
**AnesthesiologistS**  
O F R E N O

PAIN MANAGEMENT FOLLOW-UP NOTE:

PATIENT: HICKS, STEVEN

DATE: March 01, 2011

HISTORY: Steven is here for followup of ilioinguinal neuralgia. Today, Steven is very upbeat. He no longer carries an ice pack in his groin. The surgery that he had was clearly beneficial and has improved his condition.

Steven still complains of some intermittent sharp neuropathic spasm type pain in the inferior medial portion of his inguinal incision. The increase in pain usually occurs after sitting for a short period of time; for example when driving to his sister's house which takes about 30 minutes; about half way, he needs to get out of the car, stretch and straighten his lower abdomen for the spasm to resolve.

During his last visit, I have prescribed Flexeril to try for the spasms. Steven reports that this was denied by the workmen's comp company. Recently, he has contacted an attorney to help him process claims with the workmen's comp company.

I have been informed by my office staff that Steven did not ever undergo the functional capacity testing. Other than the intermittent pain that occurs during periods of sitting, he appears capable to return to work. He certainly could start with light duty and then advance his activity at work as tolerated.

Steven also requested a testosterone blood test. I asked why and he stated that he has not been feeling right for the past several weeks. I explained that this is not my area of expertise, and he would better address this problem with a primary care physician.

Prior to leaving, I gave Steven some samples of Lyrica to be tried for the neuropathic/spasm pain in his groin. He may need a new prescription for the Flexeril once his attorney has sorted out the problems with the workmen's comp company.

Steven will follow up p.r.n.

KEVIN F. LASKO, M.D.

KFL/cv

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A S S O C I A T E D  
**AnesthesiologistS**  
O F R E N O

PAIN MANAGEMENT FOLLOW-UP NOTE:

PATIENT: HICKS, STEVEN

DATE: October 26, 2010

HISTORY: Steven returns in followup for postoperative ilioinguinal neuralgia. Steven initially had an ilioinguinal block during his first visit. This was ineffective with any prolonged relief. He was then started on Neurontin and increased to 2400 mg per day. Initially, the Neurontin was effective, however, became ineffective over time.

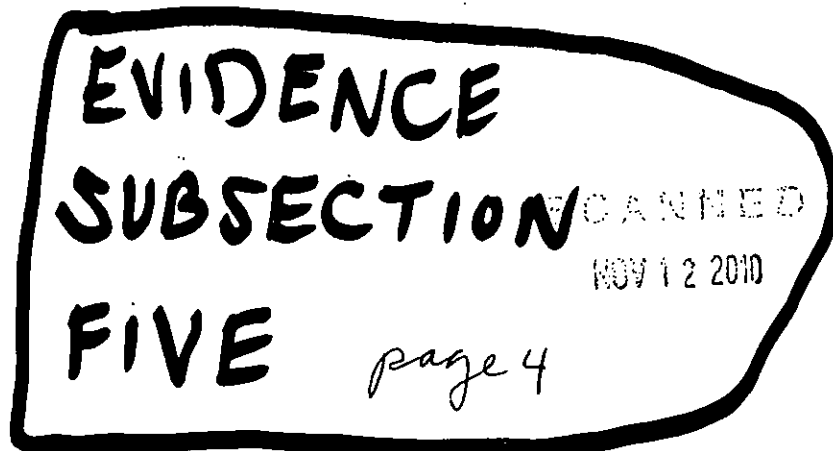
PHYSICAL EXAMINATION: Steven has a well-healed incision in the right groin. There is no evidence of wound breakdown, erythema, or infection.

Steven is concerned about several issues. He is concerned that there may be an allergic reaction to the mesh. He is concerned that the mesh is wrapped around his spermatic cord and compromising the blood supply and function of his testicle on the right side. He is concerned about this because he has an atrophic left testicle. Steven complains of several areas that are described as dime-sized bulges in his right groin. He feels that these are evidence of infection. He is taking Keflex presently prescribed by another physician. Also, I know Steven has an ice bag over the right groin, which he has had every time he has come into the office.

Steven and I had a long conversation regarding his symptoms and the treatments to be considered for the future. I am going to change his Neurontin to Lyrica as well as obtain a functional capacity test to determine an objective level of function so that he can be returned to work if possible. I made a call to his workmen's compensation representative, Leslie Ribadeneira. She supported the change to Lyrica as well as the functional capacity testing. I recommended that Steven seek a second opinion from another surgeon here in this community regarding the need for reoperation. I will see Steven again in one month.

KEVIN F. LASKO, M.D.

KFL/cv



A S S O C I A T E D  
**Anesthesiologists**  
O F R E N O

PAIN MANAGEMENT FOLLOW-UP NOTE:

PATIENT: HICKS, STEVEN

DATE: January 04, 2011

HISTORY: Steven returns in followup for treatment of ilioinguinal neuralgia. Six weeks ago, Steven had surgery in Las Vegas for reexploration of the hernia site. He was told that the mesh had created an abscess and it was malpositioned. The surgical procedure has dramatically reduced his symptoms. He is no longer holding an ice bag on his groin, as he has been with every visit with me in prior months. In general, Steven looks better. He is much happier and has a positive outlook for the future.

Steven is six weeks out from his most recent surgery. He still continues to have some pain especially with bending over or lifting. We discussed that he may experience these things for a few months and he is probably pushing himself trying to lift heavy objects such as car batteries at this point in his recovery. I have prescribed Flexeril to treat muscle spasms during his recovery. Hopefully, Steven will continue his improved course of recovery over the next several weeks. Steven will follow up p.r.n.

KEVIN F. LASKO, M.D.

KFL/cv

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SCANNED

FEB 11 2011



November 17, 2010

Steven Hicks  
3475 Hensley St  
Reno, NV 89503

Re: Steven Hicks  
File #: 6068580  
Date of Loss: 05/03/2010  
Store#: 2106

Dear Steven,

In reviewing your Wal-Mart workers' compensation claim, it was discovered that you missed your appointment on 11/4/2010 and 11/12/2010, and that you have not scheduled a follow up appointment.

This letter is to inform you that your medical benefits and Temporary Total Disability (TTD) will be suspended until you comply with medical treatment.

If you wish to continue treatment for your injury, please schedule a follow up appointment and contact me at 877-473-1147+83742 within 15 days from the date of this letter. If we do not receive a response, your claim could be closed.

If you have any questions, please call.

Sincerely,

Leslie Ribadeneira  
Claims Examiner  
877-473-1147+83742

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Sedgwick Claims Management Services, Inc.

P. O. Box 1288 - Bentonville, AR 72712-1288  
CLAIMS MANAGEMENT, INC. (DBA) CLAIMS MANAGEMENT, INC. OF ARKANSAS  
ARKANSAS CLAIMS MANAGEMENT, INC.  
PHONE: (877) 473-1147 • FAX: 479-204-9530

LAW OFFICE OF  
**LAWRENCE B. BERNARD, Esq.**  
ATTORNEY AND COUNSELOR AT LAW

DISBURSEMENT

RE: STEVEN HICKS

Award.....\$1,929.76  
Attorney's Fees Pursuant to Agreement .....\$643.25  
**BALANCE TO STEVEN HICKS ..... \$1,286.51**

WE HAVE NO MEDICAL LIENS IN OUR FILE. ALL EXISTING MEDICAL BILLS  
NOT PREVIOUSLY PAID ARE YOUR RESPONSIBILITY.

DATED: 20 JAN 2011

  
\_\_\_\_\_  
STEVEN HICKS

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**EVIDENCE SUBSECTION SIX****Prehospital Care Report Summary**

REMSA - REMSA

Page ONE

Date: 06/10/2011 Call #: 161036 Booklet: 70095110 Branch:1

**Call Information:**

Call Origin:911	Run Type: Emergency	Disposition: Treated/Transported	# Patients:1
Unit #:0337 - 337, Ambulance - Land	Lights/Siren: Scene	# Patients at Scene:1	Call Received:07:35:41
Incident Loc:3475 GULLING RD - Reno, NV 89503 (Washoe County)		Dispatched:07:35:51	En Route:07:36:49
Location Type:Residence (Home)		On Scene:07:42:43	Patient Contact:07:43:00
Receiving Facility:RRMC--RENOWN REGIONAL MEDICAL CENTER (H) - 1155 Mill St - Reno, NV 89502		Left Scene:08:01:40	At Destination:08:15:59
Dest. Reason:Patient/Family Choice		In Service:08:35:25	
Loaded Mileage:6.0			
Crew Members:Zebulon Nomura, EMT Paramedic(DOC); Kyle Fine, EMT Intermediate(DS)(DH)			
Moved to Amb By:Stretcher			
Transport Position:Semi/Full Fowlers			
		Time On Scene:19 Min	
		Time to Destination:40 Min	
		Total Time of Run:60 Min	

**Patient Information:**

Name:STEVEN HICKS	Onset:06/10/11	Medicare:
Address:3475 GULLING RD - Reno, NV 89503	DOB:11/13/1957	Medicaid:
Phone:	Gender:Male	Auth Signature:Yes
SSN:	Age:53 Years	Privacy Sig:No
PMH:Other	Broselow Tape:	Unable to Sign:No
Comment:HERNIA SURGERY 10X2	Weight:275.0 lbs	Refused to Sign:No
Env Allergies: NKA	Med Allergies: PCn	Current Meds: BENAZEPRIL
		LYrica
		PRILOSEC (OMEPRAZOLE)
		FLexeril
Ins. Type:	Policy Name:	
Payer:	Policy:	
	Group:	

**Clinical:**

Dispatch Reason (EMD):06D04 Breathing Problems	Medical Need:
Provider Impression:Anxiety	Medically Necessary
Mechanism of Injury:NA	
Chief Complaint:Dyspnea-SOB	
Protocol 1:General or Trauma	
Supportive Care	
Protocol 2:	

**Initial Assessment:**

Airway: Patent	
Breathing - Rate:Normal Quality:Unlabored	Lung Sounds: Left: Clear Right: Clear
Skin - Color:Normal Temp:Normal Condition:Normal	Cap Refill:<2 Seconds Edema:None
Pupils - Left:Reacts Right:Reacts	
Glasgow Coma Score - 1: E (4) + V (5) + M (6) = 15 2: E (4) + V	Trauma Score:12
(5) + M (6) = 15	AVPU:Alert
Rhythm 1: NSR	Rhythm 2: NSR

**Vitals:**

Time	PTA Employee	BP	Pulse	Resp.	SPO2	CO2	B.Sugar	Pain	Temp	Qty	Supply
07:50	K. Fine	150/88	84	14	97						
08:09		140/72	87	14	100						

**Treatments/Medications:**

Time	PTA Employee	Treatment	Level Medication	Dose	Unit	Route	Att	Unable
07:44	Z. Nomura	ALS Assessment	ALS1	N/A	N/A	N/A	N/A	No
07:50	Z. Nomura	Nasal Cannula	BLS Oxygen*	2.00	LPM	Inhalation	N/A	No
07:54	K. Fine	ECG monitor	ALS1	N/A	N/A	N/A	N/A	No

**Narrative History Text:**

HISTORY OF PRESENT ILLNESS: ON FRIDAY, JUN 10 WE FIND A 53 YEARS OLD MALE PATIENT PRESENTING WITH DYSPNEA-SOB WHICH STARTED ON FRIDAY, JUN 10.

TREATMENT PRIOR TO OUR ARRIVAL BY RENO FIRE DEPARTMENT:

VITALS AND INITIAL ASSESSMENT

UPON ARRIVAL TO PATIENT AT 07:43:00, THE FOLLOWING ASSESSMENT WAS COMPLETED.

PT STATES THAT HE HAS BEEN FEELING ILL FOR SICK/ILL FOR THE LAST DAY AND A HALF. HE HAD CALLED US FOR SOB TODAY BUT HE FEELS MORE LIKE HIS THROAT IS DRY AND IRRITATED. PT ALSO FEELS LIKE HIS BP IS HIGH SINCE HE DID NOT TAKE BP MED. PT IS ALSO COMPLAINING OF BURNING IN HIS FACE AND NECK. PT STATES THAT HIS PAIN IS TOLERABLE BUT HE HAS NOT TAKEN HIS DAILY LYRICA OR FLEXERIL. UPON ARRIVAL PT WAS SITTING ON THE FLOOR WITH RFD AND HE IS AOX4. PT DENIED ANY CP, SOB, DIZZINESS, OR TRAUMA. PT HAD AN ELEVATED BP WITH A NORMAL RA SAT. PT WAS N. SINUS ON THE MONITOR. PT HAD CLEAR LUNG SOUNDS BILAT AND HE HAD WALKED OUT TO THE UNIT. PT HAD AN ELEVATED BP AND NORMAL RA SAT. PT WAS TRANSPORTED TO RRMCC  
 RESPIRATORY SYSTEM: PATIENT'S AIRWAY -PATENT ; BREATHING RATE - NORMAL, BREATHING QUALITY - UNLABORED;  
 LUNG SOUNDS (L)-CLEAR (R)- CLEAR

CARDIOVASCULAR SYSTEM: SKIN COLOR -NORMAL, TEMPERATURE-NORMAL, CONDITION -NORMAL, CAP REFILL -2SEC.  
 EDEMA -NONE. INITIAL RHYTHM -NSR (SEE ATTACHED EKG STRIP).

NEUROLOGICAL SYSTEM: PUPILS (L) REACTS, (R) REACTS. MENTAL STATUS -ALERT INITIAL GLASGOW - 15.

#### PHYSICAL ASSESSMENT:

SKIN:WNL

HEAD/NECK:WNL

CHEST:WNL

ABDOMEN:WNL

PELVIS:WNL

EXTREMITIES:WNL

BACK/SPINE:WNL

INITIAL VITALS AT 07:50:00: BP 150/88, PULSE 84, RR 14; OTHER IMPORTANT INITIAL FINDINGS -BLOOD SUGAR , PAIN , SPO2 97.

-----PAST MEDICAL HISTORY -OTHER HERNIA SURGERY '10X2.

-----CURRENT PATIENT MEDICATIONS = LYRICA

-----ALLERGIES: NKA, PCN

PROVIDER IMPRESSION(S): ANXIETY

THE FOLLOWING TREATMENTS AND MEDICATIONS WERE PROVIDED:

07:44:00 ALS ASSESSMENT

07:50:00 NASAL CANNULA OXYGEN 2.0 LPM INHALATION

07:54:00 ECG MONITOR

PATIENT MOVED TO AMBULANCE BY STRETCHER AND TRANSPORTED IN SEMI / FULL FOWLERS POSITION TO RRMCC--RENOWN REGIONAL MEDICAL CENTER.

CHANGES IN ASSESSMENT ENROUTE:

PT LEFT IN RRMCC--RENOWN REGIONAL MEDICAL CENTER ROOM # ( 35 ) WITH REPORT GIVEN TO ( ER )RN.

COMPLETE PRINTED CHART LEFT AT HOSPITAL ( N )

COMPLETE PRINTED CHART NOT LEFT AT HOSPITAL ( ) FAXED AT: (TIME)

PERSONAL BELONGINGS LEFT WITH: FAMILY ( ), ER ( ), PT ( )  
 LIST HERE:NONE

SIGNATURE FOR TRANSPORTATION/BILLING OBTAINED FROM:

**EVIDENCE  
 SUBSECTION  
 SIX** *Page Two*

X) - PATIENT; ( ) - PATIENT'S WIFE; ( ) - PATIENT'S HUSBAND; ( ) - PATIENT'S SON;  
 ( ) - PATIENT'S DAUGHTER; ( ) - PATIENT'S GRANDSON; ( ) - PATIENT'S GRANDDAUGHTER;  
 ( ) - PATIENT'S MOTHER; ( ) - PATIENT'S FATHER; ( ) - PATIENT'S LEGAL GUARDIAN;  
 ( ) - OTHER; ( ) - EMPLOYEE SIGNED ON PATIENT'S BEHALF

**\*\*WITHIN NORMAL LIMIT (WNL) DEFINITIONS:**

NEUROLOGIC: AAOX3, MAE STRONG AND = X4, MOTOR MOVEMENT PRESENT AND = X4, SENSATION GROSSLY INTACT X4, PERRL

RESPIRATORY: BBS CLEAR AND = THROUGHOUT, EUPNEIC, EQUAL CHEST EXPANSION

CARDIOVASCULAR: SKIN: PWD, PINK MUCOUS MEMBRANES, CAP REFILL 2SEC, HEART SOUNDS PRESENT, NO EDEMA, NO CYANOSIS

HEAD/FACE: SYMMETRICAL AND INTACT, NO LACERATIONS, ABRASIONS, BRUISES OR DEFORMITIES, NO SWELLING, NO DRAINAGE

NECK: NO ABNORMAL JVD, NO LACERATIONS, ABRASIONS, BRUISES, OR DEFORMITIES, TRACHEA MIDLINE

CHEST: NO LACERATIONS, ABRASIONS, BRUISES OR DEFORMITIES, NO SQ AIR/CREPITUS, NO PUNCTURE WOUNDS, NO PAIN/TENDERNESS ON PALP

ABD: SOFT, NON TENDER, NO VOMITING, NO LACERATIONS, ABRASIONS, BRUISES OR DEFORMITIES

PELVIS: STABLE, NON TENDER ON PALPATION, NO LACERATIONS, ABRASIONS, BRUISES, OR DEFORMITIES

EXTREMITIES: NO LACERATIONS, ABRASIONS, BRUISES OR DEFORMITIES

BACK-SPINE: NO LACERATIONS, ABRASIONS, BRUISES OR DEFORMITIES, NO PAIN/TENDERNESS ON PALPATION

**Signature Image(s):**

Authorization Signature - 06/10/2011 08:16

LIFETIME SIGNATURE GUARANTEE AUTHORIZATION and GUARANTEE OF PAYMENT: I, the undersigned, hereby authorize all benefits to be made directly payable to REMSA/Care Flight. If I have Medicare, I request that payment of authorized Medicare benefits be made on my behalf to REMSA/Care Flight for any ambulance service provided to me by REMSA/Care Flight, WHETHER IN THE PAST, NOW OR IN THE FUTURE. I hereby authorize release of information including diagnosis from any hospital, doctor or any health care providers to REMSA/Care Flight for the purpose of submitting a claim for insurance benefits. I further authorize any holder of medical information or documentation about me to release to the Center for Medicare and Medicaid Services (CMS) and its agents and carriers, as well as to REMSA/Care Flight any information or documentation needed to determine benefits payable for any service provided to me by REMSA/Care Flight, whether in the past, now or in the future. I understand that I am financially responsible to REMSA/Care Flight for charges incurred by me for medical services and do hereby guarantee payment in full for any charges not covered or denied by Medicare or other insurance carrier. I further agree that if collection is made by suit or otherwise, I agree to pay all collection costs. I permit a copy of this authorization to be used in place of the original. I acknowledge that I have received a copy of REMSA/Care Flight's Notice of Privacy Practices, or that a copy will be sent to me with my bill.

Privacy Notice Signature

**EVIDENCE  
SUBSECTION  
SIX** *Page 3*

Receiving RN / MD Signature

Technician Signature - 06/10/2011 10:32



A S S O C I A T E D  
**Anesthesiologists**  
O F R E N O

**EVIDENCE  
DEMAND  
SIX**

PATIENT: HICKS, STEVEN

DATE: August 31, 2010

REFERRING PHYSICIAN: Kent C. Sasse, M.D.

CHIEF COMPLAINT: Right groin pain.

HISTORY OF THE PRESENT COMPLAINT: Steven is a 53-year-old male who had an open inguinal hernia repair six months ago. Postoperatively, he has developed ilioinguinal neuralgia. He has not had any specific treatment. He uses ice, of which he wears most of his waking hours, to alleviate his pain. He experiences some pain towards the abdomen as well as continuous pain down into the right testicle. He feels aching pain into the testicle as if someone kicked him in the scrotum.

PAST MEDICAL HISTORY: The patient has no significant medical problems.

SOCIAL HISTORY: The patient is single. He works as a cashier at Wal-Mart. He is a nonsmoker. He drinks no alcohol.

CURRENT MEDICATIONS: He takes no medication with the exception of Xanax, which was given to him recently by his primary care physician. He takes this p.r.n. He says that it is not really effective.

MEDICINE ALLERGIES: Penicillin and sulfa drugs cause a rash.

PHYSICAL EXAMINATION: The examination is limited to the right groin. There is a well-healed inguinal hernia incision. There is nice tack over the incision. There is moderate pain with palpation of the course of the ilioinguinal nerves into the surgical site.

ASSESSMENT AND PLAN: Steven has postoperative ilioinguinal neuralgia. I have discussed the difficulty in treating this problem. There are medications that are useful. I am going to prescribe Neurontin 300 mg three times a day. I have also discussed injections of the ilioinguinal nerve. He agrees to both therapies. I have injected the area with 30 cc of 0.25% bupivacaine with 80 mg of Depo-Medrol. The injection was done with a 25-gauge 1-1/2-inch needle. Steven tolerated the procedure well. He was given a prescription for 300 mg Neurontin t.i.d. and was advised to titrate his dose up slowly. I also suggested ibuprofen 400 mg to 600 mg three times a day with meals.

SCANNED

SEP 10 2010

PATIENT: HICKS, STEVEN

DATE: 08/31/2010

Page 2

Steven will follow up with me in a month.

KEVIN F. LASKO, M.D.

KFL/cv

D: 08/31/10

T: 09/01/10

JOB #: 479058

cc: Kent C. Sasse, M.D.

EVIDENCE  
DEMAND  
SIX

SCANNED

SEP 10 2010